



United States Department of Agriculture

Washington/Unicoi FSA Office  
1105 E Jackson Blvd., Ste. 1  
Jonesborough, TN 37659  
Phone: 423-753-4441, Ext. 110  
Fax: 855-494-6728

May 29, 2015

Tennessee Dept. of Environment and Conservation  
Attn: John Newberry, CAFO Permitting  
Division of Water Resources  
William R. Snodgrass – Tennessee Tower  
312 Rosa L. Parks Avenue, 11<sup>th</sup> Floor  
Nashville, TN 37243  
RE: Transfer of Existing CAFO General Permit

Mr. Newberry,

This letter is to inform you MR. JOHN WESLEY BIRDWELL has purchased or is purchasing a farm owned by HOMMEL ENTERPRISES. The sale of this property became/will become effective on 06/15/2015 (EST.). This farm has previously been covered by the following TDEC permit: #SOPC00174. The operation will remain 100 percent export and operate under the same nutrient management plan. I have included a completed TDEC CAFO Notice of Intent (CN-1147) with this letter. The new management understands the language of the permit and will continue to manage the farm in accordance with the provisions of the CAFO permit and current Comprehensive Nutrient Management Plan. Both parties request the permit indicated above be transferred to the new owners and reissued. Please fax a copy of the transferred permit to the Farm Service Agency, Attn: Farm Loan Officer MATTHEW CHRISTIAN upon approval. FSA Office Fax Number: 855-494-6728

Thank you very much.

Sincerely,

Matthew Christian  
Farm Loan Officer

Ronnie Hommel Hommel Enterprises  
The Previous Owner(s)  
Address 225 1498 Grandeur Ave  
Address Panrottsville, Tenn. 37843  
Phone # 865-322-6328

(Signatures)

Wesley Birdwell  
The New Owner(s)  
Address 460 Birdwell Mill Rd  
Address Greeneville, TN 37743  
Phone# 423-329-4802

(Signatures)

Cc: Heidi McIntyre-Wilkinson, Tennessee Department of Agriculture



Tennessee Department of Environment and Conservation  
Division of Water Resources  
William R. Snodgrass-Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243  
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)  
STATE OPERATING PERMIT (SOP) - NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☒ SOPC00000 (no discharge) ☐ Unknown, please advise  
Application type: ☒ New Permit (Transfer) ☐ Permit Reissuance ☐ Permit Modification  
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: \_\_\_\_\_

**OPERATION IDENTIFICATION**

Operation Name: <u>C&amp;W Farms</u>		County: <u>Cocke</u>
Operation Location/ Physical Address: <u>1267 Clear Creek Rd. Parrottville TN 37843</u>		Latitude: <u>36.0154715</u> Longitude: <u>83.1059548</u>
Name and distance to nearest receiving water(s): <u>Clear Creek</u> <u>600 yards</u>		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: <u>84,000</u>	Number of Barns: <u>3</u>	Name of Integrator: <u>Rock Birds</u>
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

**PERMITTEE IDENTIFICATION**

Official Contact (applicant): <u>Wesley Birdwell</u>	Title or Position: <u>owner</u>		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Mailing Address: <u>460 Birdwell Mill Rd.</u>	City: <u>Greenville</u>	State: <u>TN</u> Zip: <u>37743</u>	
Phone number(s): <u>(423) 329-4802</u>	E-mail: <u>Wesleybirdwell002@yahoo.com</u>		
Optional Contact:	Title or Position:		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Address:	City:	State: Zip:	
Phone number(s):	E-mail:		

**APPLICATION CERTIFICATION AND SIGNATURE** (must be signed in accordance with the requirements of Rule 0400-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Name and title, print or type: <u>Wesley Birdwell</u>	Signature: <u>Wesley Birdwell</u>	Date: <u>6-1-15</u>
--	--------------------------------------	------------------------

**STATE USE ONLY**

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date